

Indiana Patient Registry Training

Referring Hospital

Referring Hospital Screen

Demographics

Injury

Pre-Hospital

Referring

ED / Acute Care

Initial Assessment

Diagnosis

Comorbidity

Procedures

Complications / PI

Outcome

▼ Edit Incident » Trauma Incident Form (Full Record with ICD-10) » Referring »

Mark As Completed

Validity: 0%

Status: In Progress

Lock: Unlocked ▼

Import Status: Typed In

Entered: 08/08/2017 by Paravdeep Nijjar

Updated: 08/08/2017

Registry #:

Patient: ,

Medical Record Number:

NTDB Inclusion: No

State Inclusion: No

⚠ Referring has not been submitted.

Referring Hospital

Referring Hospital Arrival Date / Referring Hospital Arrival Time

Discharge Date / Time

Referring Hospital Vitals Date / Time

Physician Name

No Referring Hospitals Have Been Entered

Referring Hospital

Favorites ▼ • Please Select Facility Name • ▼

Medical Record Number

Referring Hospital Arrival Date / Time

Discharge Date / Time

Physician Name

Referring Hospital Vitals Date / Time

Glasgow Eye Not Applicable ▼

Glasgow Verbal Not Applicable ▼

Glasgow Motor Not Applicable ▼

GCS Qualifier Not Applicable ▼

Hospital ICU Not Applicable ▼

Hospital OR Not Applicable ▼

CPR Performed Not Applicable ▼

CT Head Not Applicable ▼

CT Cervical Not Applicable ▼

Transported to referring facility by Not Applicable ▼

Patient's Age is over 2 yrs.

Patient's Age is over 2 yrs.

CT Abd/Pelvis Not Applicable ▼

CT Chest Not Applicable ▼

Abdominal Ultrasound Not Applicable ▼

Aortogram Not Applicable ▼

Temperature

Sys. BP

Dia. BP

Pulse Rate

Resp. Rate

O2Sat

Manual GCS

Manual RTS

PTS

Supplemental Oxygen

Arteriogram Not Applicable ▼

Airway Management Not Applicable ▼

Destination Determination Not Applicable ▼

Medications:

Add

Add Referring Hospital

Referring Hospital Screen (2)

DemographicsInjuryPre-HospitalReferringED / Acute CareInitial AssessmentDiagnosisComorbidityProceduresComplications / PICOutcome

▼ Edit Incident » Trauma Incident Form (Full Record with ICD-10) » Referring »

Validity: 0%
Status: In Progress
Lock: Unlocked
Import Status: Typed In
Entered: 08/08/2017 by Paravdeep Nijjar
Updated: 08/08/2017

Registry #: Patient: ,
Medical Record Number:
NTDB Inclusion: No
State Inclusion: No

Mark As Completed

Referring has not been submitted.

Referring Hospital	Referring Hospital Arrival Date / Referring Hospital Arrival Time	Discharge Date / Time	Referring Hospital Vitals Date / Time	Physician Name
No Referring Hospitals Have Been Entered				
Referring Hospital Favorites ▼ • Please Select Facility Name • ▼	Referring Hospital Arrival Date / Time	Discharge Date / Time	Physician Name	
Medical Record Number	Transported to referring facility by Not Applicable			
Referring Hospital Vitals Date / Time				
Glasgow Eye Not Applicable		Temperature ° C ° F		
Glasgow Verbal Not Applicable	Patient's Age is over 2 yrs.	Sys. BP Dia. BP		
Glasgow Motor Not Applicable	Patient's Age is over 2 yrs.	Pulse Rate Resp. Rate O2Sat		
GCS Qualifier Not Applicable		Manual GCS Manual RTS PTS Supplemental Oxygen		
Not Known		-Select-		
Not Known/Not Recorded				
Hospital ICU Not Applicable	CT Abd/Pelvis Not Applicable	Arteriogram Not Applicable	Medications:	
Hospital OR Not Applicable	CT Chest Not Applicable	Airway Management Not Applicable	Add	
CPR Performed Not Applicable	Abdominal Ultrasound Not Applicable	Destination Determination Not Applicable		
CT Head Not Applicable	Aortogram Not Applicable			
CT Cervical Not Applicable				

Add Referring Hospital

Referring Hospital Screen (3)

Demographics

Injury

Pre-Hospital

Referring

ED / Acute Care

Initial Assessment

Diagnosis

Comorbidity

Procedures

Complications / PI

Outcome

▼ Edit Incident » Trauma Incident Form (Full Record with ICD-10) » Referring »

Validity: 0%

Status: In Progress

Lock: Unlocked ▼

Import Status: Typed In

Entered: 08/08/2017 by Paravdeep Nijjar

Updated: 08/08/2017

Registry #: Patient: ,

Medical Record Number:

NTDB Inclusion: No

State Inclusion: No

Referring has not been submitted.

Referring Hospital

Referring Hospital Arrival Date / Referring Hospital Arrival Time

Discharge Date / Time

Referring Hospital Vitals Date / Time

Physician Name

Referring Hospital

No Referring Hospitals Have Been Entered

Discharge Date / Time

Physician Name

Medical Record Number

Transported to referring facility by

Referring Hospital Vitals Date / Time

Glasgow Eye

Glasgow Verbal

Glasgow Motor

GCS Qualifier

Hospital ICU

Hospital OR

CPR Performed

CT Head

CT Cervical

CT Abd/Pelvis

CT Chest

Abdominal Ultrasound

Aortogram

Temperature

Sys. BP

Dia. BP

Pulse Rate

Resp. Rate

O2Sat

Manual GCS

Manual RTS

PTS

Supplemental Oxygen

Arteriogram

Airway Management

Destination Determination

Medications:

Add

Add Referring Hospital

Referring Hospital Screen (4)

Referring Hospital	Referring Hospital Arrival Date / Referring Hospital Arrival Time	Discharge Date / Time	Referring Hospital Vitals Date / Time	Physician Name
No Referring Hospitals Have Been Entered				
Referring Hospital Favorites ▼ • Please Select Facility Name • ▼	Referring Hospital Arrival Date / Time [Calendar Icon] [Text Box]	Discharge Date / Time [Calendar Icon] [Text Box]	Physician Name [Text Box]	
Medical Record Number [Text Box]	Transported to referring facility by Not Applicable ▼			
Referring Hospital Vitals Date / Time [Calendar Icon] [Text Box]				
Glasgow Eye Not Applicable ▼	Patient's Age is over 2 yrs.			
Glasgow Verbal Not Applicable ▼	Patient's Age is over 2 yrs.			
Glasgow Motor Not Applicable ▼				
GCS Qualifier Not Applicable Not Known Not Known/Not Recorded ▼				
Hospital ICU Not Applicable ▼				
Hospital OR Not Applicable ▼				
CPR Performed Not Applicable ▼				
CT Head Not Applicable ▼				
CT Cervical Not Applicable ▼				
CT Abd/Pelvis Not Applicable ▼				
CT Chest Not Applicable ▼				
Abdominal Ultrasound Not Applicable ▼				
Aortogram Not Applicable ▼				
Temperature [Text Box] °C [Text Box] °F				
Sys. BP [Text Box]	Dia. BP [Text Box]	Pulse Rate [Text Box]	Resp. Rate [Text Box]	O2Sat [Text Box]
Manual GCS [Text Box]	Manual RTS [Text Box]	PTS [Text Box]	Supplemental Oxygen -Select- ▼	
Arteriogram Not Applicable ▼	Medications: [Text Box] [Add]			
Airway Management Not Applicable ▼				
Destination Determination Not Applicable ▼				
Add Referring Hospital				

Referring Hospital Screen (5)

Referring Hospital	Referring Hospital Arrival Date / Referring Hospital Arrival Time	Discharge Date / Time	Referring Hospital Vitals Date / Time	Physician Name
No Referring Hospitals Have Been Entered				
Referring Hospital Favorites ▼ • Please Select Facility Name • ▼	Referring Hospital Arrival Date / Time <input type="text"/>	Discharge Date / Time <input type="text"/>	Physician Name <input type="text"/>	
Medical Record Number <input type="text"/>	Transported to referring facility by Not Applicable ▼			
Referring Hospital Vitals Date / Time <input type="text"/>				
Glasgow Eye Not Applicable ▼	Patient's Age is over 2 yrs.			
Glasgow Verbal Not Applicable ▼	Patient's Age is over 2 yrs.			
Glasgow Motor Not Applicable ▼				
GCS Qualifier Not Applicable Not Known Not Known/Not Recorded				
Hospital ICU Not Applicable ▼				
Hospital OR Not Applicable ▼				
CPR Performed Not Applicable ▼				
CT Head Not Applicable ▼				
CT Cervical Not Applicable ▼				
CT Abd/Pelvis Not Applicable ▼				
CT Chest Not Applicable ▼				
Abdominal Ultrasound Not Applicable ▼				
Aortogram Not Applicable ▼				
Temperature <input type="text"/> °C <input type="text"/> °F				
Sys. BP <input type="text"/>	Dia. BP <input type="text"/>	Pulse Rate <input type="text"/>	Resp. Rate <input type="text"/>	O2Sat <input type="text"/>
Manual GCS <input type="text"/>	Manual RTS <input type="text"/>	PTS <input type="text"/>	Supplemental Oxygen -Select- ▼	
Arteriogram Not Applicable ▼	Medications: <input type="text"/>			
Airway Management Not Applicable ▼	<input type="button" value="Add"/>			
Destination Determination Not Applicable ▼				
<input type="button" value="Add Referring Hospital"/>				

Referring Hospital Screen (6)

Referring Hospital	
Favorites	-- Please Select Facility Name --
Glasgow Eye	Not Applicable
Glasgow Verbal	Not Applicable Patient's Age is over 2 yrs.
Glasgow Motor	Not Applicable Patient's Age is over 2 yrs.
GCS Qualifier	<div>Not Applicable Patient Chemically Sedated Obstruction To The Patient Eye Patient Intubated</div>
Hospital ICU	Not Applicable
Hospital OR	Not Applicable
CT Abd/Pelvis	Not Applicable



Referring Hospital Screen (7)

Referring Hospital	Referring Hospital Arrival Date / Referring Hospital Arrival Time	Discharge Date / Time	Referring Hospital Vitals Date / Time	Physician Name	
No Referring Hospitals Have Been Entered					
Referring Hospital Favorites ▼ • Please Select Facility Name • ▼	Referring Hospital Arrival Date / Time <input type="text"/> <input type="text"/>	Discharge Date / Time <input type="text"/> <input type="text"/>	Physician Name <input type="text"/>		
Medical Record Number <input type="text"/>	Transported to referring facility by Not Applicable ▼				
Referring Hospital Vitals Date / Time <input type="text"/> <input type="text"/>					
Glasgow Eye	Not Applicable ▼	Patient's Age is over 2 yrs.			
Glasgow Verbal	Not Applicable ▼	Patient's Age is over 2 yrs.			
Glasgow Motor	Not Applicable ▼	Patient's Age is over 2 yrs.			
GCS Qualifier	Not Applicable Not Known Not Known/Not Recorded				
Hospital ICU	Not Applicable ▼	CT Abd/Pelvis	Not Applicable ▼	Arteriogram	Not Applicable ▼
Hospital OR	Not Applicable ▼	CT Chest	Not Applicable ▼	Airway Management	Not Applicable ▼
CPR Performed	Not Applicable ▼	Abdominal Ultrasound	Not Applicable ▼	Destination Determination	Not Applicable ▼
CT Head	Not Applicable ▼	Aortogram	Not Applicable ▼	Medications: <input type="text"/>	
CT Cervical	Not Applicable ▼			<input type="button" value="Add"/>	
<input type="button" value="Add Referring Hospital"/>					

Referring Hospital Screen (8)

Temperature

°C

°F

Sys. BP

Dia. BP

Pulse Rate

Resp. Rate

O2Sat

Manual GCS

Manual RTS

Supplemental Oxygen

-Select- ▼



Referring Hospital Screen (9)

Temperature

° C

° F

Sys. BP

Dia. BP

Pulse Rate

Resp. Rate

O2Sat

Manual GCS

Manual RTS

Supplemental Oxygen

-Select- ▼



Referring Hospital Screen (10)

Temperature

°C

°F

Sys. BP

Dia. BP

Pulse Rate

Resp. Rate

O2Sat

Manual GCS

Manual RTS

Supplemental Oxygen



Referring Hospital Screen (11)

Not Known/Not Recorded					
Hospital ICU	Not Applicable	CT Abd/Pelvis	Not Applicable	Arteriogram	Not Applicable
Hospital OR	Not Applicable	CT Chest	Not Applicable	Airway Management	Not Applicable
CPR Performed	Not Applicable	Abdominal Ultrasound	Not Applicable	Destination Determination	Not Applicable
CT Head	Not Applicable	Aortogram	Not Applicable		
CT Cervical	Not Applicable				

Medications:

Add

Add Referring Hospital

Referring Hospital Screen (12)

Not Known/Not Recorded ▼					
Hospital ICU	Not Applicable ▼	CT Abd/Pelvis	Not Applicable ▼	Arteriogram	Not Applicable ▼
Hospital OR	Not Applicable ▼	CT Chest	Not Applicable ▼	Airway Management	Not Applicable ▼
CPR Performed	Not Applicable ▼	Abdominal Ultrasound	Not Applicable ▼	Destination Determination	Not Applicable ▼
CT Head	Not Applicable ▼	Aortogram	Not Applicable ▼		
CT Cervical	Not Applicable ▼				

Medications:

Referring Hospital Screen (13)

Not Known/Not Recorded							
Hospital ICU	Not Applicable	CT Abd/Pelvis	Not Applicable	Arteriogram	Not Applicable	Medications:	
Hospital OR	Not Applicable	CT Chest	Not Applicable	Airway Management	Not Applicable	Add	
CPR Performed	Not Applicable	Abdominal Ultrasound	Not Applicable	Destination Determination	Not Applicable		
CT Head	Not Applicable	Aortogram	Not Applicable				
CT Cervical	Not Applicable						

Add Referring Hospital


Referring Hospital Screen – Medications


Add Drugs

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z All

Search:

Description		
<input type="checkbox"/> Calcium Gluconate	<input type="checkbox"/> Demerol (Meperidine)	<input type="checkbox"/> Oxygen
<input type="checkbox"/> CT contrast	<input type="checkbox"/> Dextrose (Glucose)	<input type="checkbox"/> Packed Red Blood Cells
<input type="checkbox"/> Hypertonic Solution	<input type="checkbox"/> Dilantin (Phenytoin)	<input type="checkbox"/> Pancuronium
<input type="checkbox"/> Ketamine	<input type="checkbox"/> Dilaudid (Hydromorphone)	<input type="checkbox"/> Paxil (Paroxetine)
<input type="checkbox"/> Levetiracetam (Keppra)	<input type="checkbox"/> Dobutamine	<input type="checkbox"/> Pelvic wrap
<input type="checkbox"/> Other Antibiotic (instead of antibiotic)	<input type="checkbox"/> Dopamine	<input type="checkbox"/> Pentothal (Thiopental)
<input type="checkbox"/> Other Antihypertensive	<input type="checkbox"/> Epinephrine (aqueous)	<input type="checkbox"/> Pepcid (Famotidine)
<input type="checkbox"/> Other Antiseizure	<input type="checkbox"/> Etomidate	<input type="checkbox"/> Pericardiocentesis
<input type="checkbox"/> Other Benzodiazepine	<input type="checkbox"/> External pacemaker	<input type="checkbox"/> Phenergan (Promethazine)
<input type="checkbox"/> Other Opiate/Narcotic	<input type="checkbox"/> Fentanyl	<input type="checkbox"/> Phenobarbital

 Save

 Close

Referring Hospital Screen – Add Referring Hospital

Referring Hospital	Referring Hospital Arrival Date / Referring Hospital Arrival Time	Discharge Date / Time	Referring Hospital Vitals Date / Time	Physician Name
No Referring Hospitals Have Been Entered				
Referring Hospital Favorites ▾ • Please Select Facility Name ▾	Referring Hospital Arrival Date / Time <input type="text"/>	Discharge Date / Time <input type="text"/>	Physician Name <input type="text"/>	
Medical Record Number <input type="text"/>	Transported to referring facility by Not Applicable ▾			
Referring Hospital Vitals Date / Time <input type="text"/>				
Glasgow Eye Not Applicable ▾	Patient's Age is over 2 yrs.			
Glasgow Verbal Not Applicable ▾	Patient's Age is over 2 yrs.			
Glasgow Motor Not Applicable ▾				
GCS Qualifier Not Applicable ▾ Not Known Not Known/Not Recorded				
Hospital ICU Not Applicable ▾				
Hospital OR Not Applicable ▾				
CPR Performed Not Applicable ▾				
CT Head Not Applicable ▾				
CT Cervical Not Applicable ▾				
CT Abd/Pelvis Not Applicable ▾				
CT Chest Not Applicable ▾				
Abdominal Ultrasound Not Applicable ▾				
Aortogram Not Applicable ▾				
Temperature <input type="text"/> °C <input type="text"/> °F				
Sys. BP <input type="text"/>	Dia. BP <input type="text"/>	Pulse Rate <input type="text"/>	Resp. Rate <input type="text"/>	O2Sat <input type="text"/>
Manual GCS <input type="text"/>	Manual RTS <input type="text"/>	PTS <input type="text"/>	Supplemental Oxygen -Select- ▾	
Arteriogram Not Applicable ▾	Medications: <input type="text"/>			
Airway Management Not Applicable ▾	<input type="button" value="Add"/>			
Destination Determination Not Applicable ▾				
<input type="button" value="Add Referring Hospital"/>				

Referring Hospital Screen – Save and Continue

Referring Hospital									
Favorites ▾ • Please Select Facility Name ▾		Referring Hospital Arrival Date / Time		Discharge Date / Time		Physician Name			
Medical Record Number		Transported to referring facility by Not Applicable ▾							
Referring Hospital Vitals Date / Time									
Glasgow Eye	Not Applicable ▾								
Glasgow Verbal	Not Applicable ▾	Patient's Age is over 2 yrs.							
Glasgow Motor	Not Applicable ▾	Patient's Age is over 2 yrs.							
GCS Qualifier	Not Applicable ▾								
	Not Known								
	Not Known/Not Recorded								
Hospital ICU	Not Applicable ▾	CT Abd/Pelvis	Not Applicable ▾	Arteriogram	Not Applicable ▾	Medications: Add			
Hospital OR	Not Applicable ▾	CT Chest	Not Applicable ▾	Airway Management	Not Applicable ▾				
CPR Performed	Not Applicable ▾	Abdominal Ultrasound	Not Applicable ▾	Destination Determination	Not Applicable ▾				
CT Head	Not Applicable ▾	Aortogram	Not Applicable ▾						
CT Cervical	Not Applicable ▾								
Add Referring Hospital									

← Back

Save

Save and Continue